

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 568849

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4		2					
5		2					
6		1					
7		2					
8		2					
9		2					
10		2					
11		2					
12		2					
13		2					
14		2					
15		2					
16		1					
17		1					
18							
19							
20		1					
21							
22							
23							
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26							
27							
28							
29							
30							
31							
32							
33			1				
34							
35							
36							
37							
38							
39							
40				1			
41			1				
42							
43					1		
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	16	↓	3	↓			↓
TOTAL DEP.	27	←	11	←			←
TOTAL CLAIMS	43		14				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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94							
95							
96							
97							
98							
99							
100							
TOTAL IND.					↓		↓
TOTAL DEP.					←		←
TOTAL CLAIMS							